



[イリコウ]

Team Medical Dragon



Only to care the disease,
not to care the sick.
They don't even notice the fact that
"Leading part of the scene of
medical treatment is a practice".
The "Ikyoku-Kouzasei" of
a university hospital made
many doctors of this sort.
Still...they produce those doctors.

BIG COMIC SUPERIOR



Nouraka Taro

乃木坂太郎

Nagari Akira

永井 明

4

BIG COMIC SUPERIOR



Team Medical Dragon



イリコウ

4

乃木坂太郎
永井 明小学館
GOSHO

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BIG COMIC SUPERIOR



Team Medical Dragon

THE PATIENT'S LIFE
SERVES AS A SACRIFICE TO THE THESIS!

As a result of his conscience run-in with the department,
Asuka is close to being launched from the hospital! The only way to
prevent this is to succeed in the Harada as soon as possible.

Two patients are immediately chosen as potential candidates
for the operation. The mysterious rule in the university hospital is to
operate on the patient in better condition for those who
to increase the probability of success.

However, the patient in poorer condition's life will be in
danger if she is not operated on immediately. Asuka is faced
with a vital choice! Will he be reform for the future... or the
life in front of her eyes... The Harada Operation has finally begun!



医

（いばく）

Team Medical Dragon

龍

Nagatake Taro

乃木坂太郎

Nagai Akira

永井 明

4

Only to cure the disease,
not to cure the sick.
They don't even notice the fact that
"Leading part of the scene of
medical treatment is a practice".
The "Ikyoku-Kousagai" of
a university hospital made
many doctors of this sort.
Still, they produce those doctors.

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WHAT IS THE BATISTA OPERATION?

OFFICIALLY CALLED "PARTIAL LEFT VENTRICULECTOMY,"

THE BATISTA OPERATION WAS PIONEERED BY
BRAZIL'S DR. RANDAS BATISTA IN 1995.

THE PROCEDURE REMOVES A PORTION OF
THE HEART MUSCLE THAT HAS ENLARGED DUE
TO END-STAGE HEART FAILURE, IMPROVING THE
HEART'S ABILITY TO PUMP BLOOD.

ALTHOUGH FULL RECOVERY IS UNLIKELY, IT CAN VASTLY
IMPROVE THE HEART PERFORMANCE OF PATIENTS
WHO HAVE 6 MONTHS TO 1 YEAR TO LIVE.

IN 1998, THIS PROCEDURE WAS APPROVED TO
BE COVERED UNDER MEDICAL INSURANCE.

CHAPTER 24
KATOLU'S TEN STITCHES







Inferior Epigastric Artery



THE
ARTERY
THAT
WILL
BE
USED
FROM
THE
INFERIOR
EPIGASTRIC
ARTERY —

FIRST,
I
NEED
TO
OBTAIN...

Inferior Epigastric Artery

Abdomen



CARS
SERVES
THE
PURPOSE
OF
CREATING
A
BYPASS
WITH
ANOTHER
ARTERY
IN
ORDER
TO
MOVE
AROUND
THE
THROMBOSIS...

Artery for bypass
obtained from
the inferior
epigastric artery

Thrombosis

Coronary Artery

BE
CAREFUL
NOT TO
DAMAGE
THE ARTERY
STEM
CONNECTING
TO THE
ARCSHIM

I WILL
BE
OPENING
THE CHEST
DURING
THAT
TIME...

ME!?

...HUN?!

OBTAINING
THE
ARTERY
IS YOUR
TASK.

YOU
SAID
HE'S
GONNA
BE
ALRIGHT... IT?

HEY...

YOU'LL
HELP
HIM IF
HE NEEDS
IT, RIGHT?



I
AIN'T
DOING
SHIT!

I THOUGHT
I TOLD
YOU I'M
PLAYING
THE ROLE
OF A
SERVANT
ALREADY
RIGHT?



NO
~~~~~  
WAY.



BEING A  
MEMBER  
OF A  
TEAM  
DOESN'T  
MEAN YOU  
RECEIVE  
THE HELP  
OF  
OTHERS.



AND  
THAT'S  
WHAT I  
TOLD  
LOYALIN  
AS  
WELL.



TO  
TRY  
AND BE  
OF HELP  
TO EVERY  
OTHER  
MEMBER  
OF THE  
TEAM.

IT  
MEANS  
THAT YOU  
PUT FORTH  
YOUR VERY  
BEST AS IF  
YOUR LIFE  
DEPENDS  
ON IT—



ERRAND  
BOY!!

...HEY!



AS  
YOU  
WISH...

YES  
MAY AN—

AND TURN  
ON THE  
ELECTRIC  
SAW AND  
SET THE  
FOOT  
SWITCH!

STOP  
BEING  
LAZY..



I WILL  
RECONSIDER  
HIS  
SELECTION  
ON THE  
TEAM!

IF I  
DETERMINE  
THAT  
JOYKAIN  
-MAN  
WILL BE  
OF NO  
USE...



YOU  
JUST  
WAIT  
AND  
SEE...

HEHE...







LET'S  
BEGIN.

NO,  
IT'S  
NOTHING.



DR.  
SCOTT-  
THOMAS  
REAGAN?



YES,  
YES...

DID  
YOU  
DO  
THAT...?



INJECTING  
"PRESERVATIVE  
SOLUTION!"



CONDUCTING  
"CARDIOPLEGIA!"

Removal  
of the  
heart,  
as only  
the  
donor  
intestively  
is  
willing  
to  
the heart  
donor  
surgery.

Meanwhile, the heart team is preparing for the surgery, and also confirming the blood flow.



THE  
LEFT  
CORONARY  
ARTERY!  
BEHIND  
THE  
HEART,  
RIGHT?"

LET'S  
SEE  
NOW...  
THE  
POSSIBLE  
AREA  
WAS...



THERE  
IS NO  
BLOOD  
REMAINING  
IN THE  
MAIN  
AORTA,  
RIGHT?

OKAY.





HE'S  
GUTS  
/REACTIVE/

HE  
USED  
A "NET"  
SO  
I  
COULD  
HAVE  
A  
BETTER  
WORLD.



Here—By pulling on the web, it is possible to observe the ball of the foot in front of you and draw control



HERE.



BEVER  
KNE..



...FE.



OUT  
DEPENDS  
ON THE  
HOSPITAL  
AND WHO'S  
OPERATING.  
THE INSTRUMENTS  
AND THE ORDER  
IN WHICH THEY  
ARE  
IMPLEMENTED  
DIFFER  
SLIGHTLY.

CAGE  
SOUNDS  
SURELY  
ENOUGH.



SHE'S  
USEFUL  
TOO...!



OUT  
SHE'S  
WORKING  
AS WITH  
THE  
NECESSARY  
INSTRUMENTS  
WITH  
UNPRECEDENT  
TIMING — !!

THIS  
IS THE  
FIRST  
TIME  
WORKING  
WITH  
ME...



I  
CAN  
FINALLY  
SEE  
WHY!!



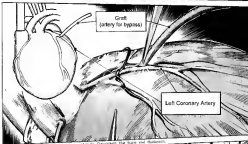
ASADA  
INSISTED  
ON HAVING  
ME  
AS THE  
OPERATING  
NURSE



INSERTING  
THE  
GRAFT.



LEFT  
CORONARY  
ARTERY  
INCISION.



Graft  
(artery for bypass)

Left Coronary Artery

As the working group for coronary artery. Document the type and location.



CONTINUOUS  
STITCHING!

\*8-0  
NESPREN  
THREAD!

... HO...



HOLY SHIT!!





EVEN  
WITH  
THAT,  
REHAB-DENNIS  
DOUBTS  
ABOUT  
HIS SKILLS  
ALL  
OVER THE  
DEPARTMENT

1

NORMALLY, FOUR  
OR FIVE  
STITCHES  
ARE  
DONE AT  
ONCE



I  
I'VE  
NEVER  
SEEN  
OF HEAD  
OF  
ANYTHING  
LIKE THIS  
BEFORE  
IN MY  
LIFE

TEN  
STITCHES  
IN THE  
ARTERY  
IN  
ONE  
CONTINUED  
INTERVAL



THE  
WOMAN  
WHO'S  
LIKE  
A  
PRECISION  
MACHINE



CHECK  
IT  
OUT  
GUY'S  
GOT  
SOME  
SKILLS

MAN



WHAT  
THE  
HELL  
ARE  
YOU  
TALKING  
ABOUT?

6



THEN THE WALLS OF THE ARTERY ARE PULLED OUTWARDS SO THE STITCHED AREA WILL OPEN CLEANLY!!

BUT SHE'S DELIBERATELY ROLLING IN THE EXTERNAL TISSUE ON THE STITCHING POINT.

NOT ONLY IS HER SPEED ON A DIFFERENT LEVEL

EVEN YOU CAN'T GO BETTER THAN FOUR OR FIVE STITCHES!!

Graft

Coronary Artery

Rolling in the external tissue when stitching helps prevent the sutured area from coming apart due to the tension of the blood. In simple words, it means smooth blood flow.

Thread rolling in the external tissue

External tissue



A FLEXIBLE STITCHING METHOD THAT CAN BE CHANGED ACCORDINGLY TO THE CONDITION OF THE ARTERY

THIS IS SIMPLY DIVINE.



COMMENCE  
BLOOD  
FLOW  
IN THE  
GRAFT!



STITCHING  
COMPLETE!



CEASE  
THE  
HEART-LUNG  
MACHINE!  
CLOSE  
THE  
GUESTY!

OKAY





I'M  
SAFE  
NOW...!!

WHEN  
—



PULMONARY  
ARTERY  
PRESSURE  
RISING...!!

PUL...

\*Tachycardia — is defined when the pulse exceeds 100 beats per minute



AND  
"TACHYCARDIA  
IS  
OCCURRING  
AS  
WELL!

30 MM HG!



PRELIMINARY  
LIFE-SAVING  
PROCEDURE  
ENDING...!!

35!



THE  
PROCEDURE  
WAS  
SUCCESSFUL!



WHY?

KATOU-SENSEI!!



PERHAPS A  
SECONDARY  
PROCEDURE...  
OR "BALLOON  
PUMPING"!!



WILL  
BE  
NECESSARY.

—  
NEITHER...



\*Balloon  
pumping  
is  
emergency  
procedure  
used by  
inserting  
a balloon  
in the  
trachea  
artery  
and  
inflating  
it so  
the heart  
expands  
to increase  
the  
flow of  
blood in  
the  
artery.



SLOWLY  
INJECT  
\*SALINE  
SOLUTION  
FROM THE  
BASE OF THE  
ARTERY  
TOWARDS  
THE TIP!

OKAY.



PULSE  
IS  
ALSO  
SLOWING  
DOWN.

25,  
20....

PRESSURE  
IN THE  
PULMONARY  
ARTERY HAS  
CEASED  
RISING!  
—AH...!  
IT'S  
DROPPING!



WOULD  
THAT  
FIX  
IT?

TO  
INCREASE  
THE  
BLOOD  
PRESSURE  
IN THE  
CRAFT...?





THAT CAN  
INDICATE  
THE TALENT  
OF THE  
CARDIO-SURGEON.

THE  
OBSERVATIONAL  
SKILLS  
TO DETERMINE  
WHETHER IT'S  
SERIOUS  
OR  
TEMPORARY



PROBLEMS  
OFTEN  
OCCUR  
IMMEDIATELY  
AFTER  
THE HEART-LUNG  
MACHINE IS  
SHUT OFF.



WHAT  
WAS  
THE  
CAUSE??

JUST  
NOW ...



DON'T  
YOU  
FORGET  
THAT!





IT MUST  
HAVE BEEN  
CAUSED BY  
A MINUTE  
AIR BUBBLE  
THAT SEEPED  
INTO THE  
SUTURED AREA,  
TEMPORARILY  
BLOCKING  
THE ARTERY  
AND THE  
BLOOD  
FLOW.



I CAN  
LEAVE  
THE  
STITCHING  
OF  
THE SKIN  
TO YOU,  
RIGHT?

THAT'S  
RIGHT.



TO  
PUSH  
OUT  
THE  
AIR  
BUBBLE.

SO  
YOU  
RAISED  
THE  
BLOOD  
PRESSURE.



AND HE  
MOVES IN THE  
MOST EFFICIENT  
WAY, AS TO  
AVOID DISTRACTING  
THE ALREADY  
NARROW  
LINE OF SIGHT  
DURING AN  
OPERATION...

HE'S  
BORN  
TRAINED  
WELL...

...HE'S  
HIGHLY  
PERCEPTIVE...

...SO  
NOW THAT  
YOU'VE TOLD  
HIM OUT,  
WHAT  
DO YOU  
THINK?

...YES...

...AND...

I THINK  
SUCH  
PRECISION  
WORK  
FITS HIS  
PERSONALITY  
AS  
WELL...

I MOMENTARILY  
PAUSED  
AND HAD  
TO QUESTION  
WHETHER  
IT REALLY  
WAS THE  
WORK OF  
AN INTERN!

THE  
PRECISION  
OF  
THE  
GRAFT  
TRIMMING!

**NOXGEAR PRESENTS:**

# **Team Medical Dragon**

**Volume 04, Chapter 24**

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**TRANSLATED BY:  
THEHYPERION**

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SAINTMAGician**

**MEDICAL ADVISOR:  
FUNK DOCTOR PETE**



INTERIOR, REGARDLESS  
OF THEIR  
Talent,  
MORALLY  
GET CAUGHT  
UP IN THE  
FOCALITIES  
OF THE  
ORGANISM  
AND NEVER  
LOSE SIGHT  
OPPORTUNITIES  
TO IMPROVE  
THEIR  
TECHNIQUE



HE  
PASSED.



— HOWEVER  
EVEN THOUGH  
IT WAS  
UNINTENTIONAL,  
BY GETTING  
INVOLVED  
WITH LALCA,  
YOU HAVE  
ACQUIRED  
THAT OPPORTUNITY.



YOU'VE  
LUCKED  
OUT.

LOVEGUN-KUN



CHAPTER 25  
A LIVE SACRIFICIAL PATIENT



WE  
FINALLY  
FOUND  
ONE...



IS  
THAT  
RIGHT?



A  
CANDIDATE  
FOR  
THE  
BATISTA  
OPERATION!



I'VE  
DECIDED  
TO BET  
ON  
ASADA'S  
ODDS.



—  
HOWEVER,  
AFTER  
WATCHING  
KUROKI-GEN'S  
OPERATION  
THIS  
MORNING...



TO BE  
HONEST,  
I WAS  
A BIT  
SKEPTICAL  
ABOUT THE  
SELECTION  
OF THE  
TEAM  
PERSONNEL.

EVEN  
ROLLING  
AN  
INTERNAL...



THERE  
ARE  
TWO  
CANDIDATES!

"NYHA  
(NEW YORK  
HEART  
ASSOCIATION)  
CLASS IV,  
SEVERE  
HEART  
FAILURE  
CONDITION!"

BOTH  
PATIENTS  
ARE  
SUFFERING  
FROM  
DILATED  
CARDIO-  
MYOPATHY.

A 16  
YEAR-  
OLD  
GIRL...

Left Ventricle

THEY  
ARE BOTH  
CANDIDATES  
FOR HEART  
TRANSPLANTS,  
BUT WE ARE  
SHORT ON  
DONORS...!

What is Dilated Cardiomyopathy?

A disease of the heart muscle  
that causes the heart to become  
enlarged and pump less strongly

As a result, the heart  
muscle becomes thin like  
an inflated balloon

AND  
A 50  
YEAR-OLD  
HOUSEWIFE  
WHO WAS  
TRANSFERRED  
FROM AN  
AFFLUENT  
HOSPITAL  
LAST WEEK.

NYHA = Classification system of heart disease I to IV, with IV being the most severe.

THE  
GIRL  
HAS  
HALF  
A YEAR  
AT MOST.

AT THIS  
RATE,  
THE  
HOUSEWIFE  
HAS  
THREE  
MONTHS.



ON TOP  
OF THAT,  
SHE'S ALSO  
SUFFERING  
FROM  
"MITRAL  
INSUFFICIENCY!"

HER  
ENTIRE  
PHYSICAL  
CONDITION  
HAS  
SEVERELY  
DETERIO-  
RATED...

THE  
RISKS  
ARE  
TOO  
HIGH!



THREE  
MONTHS...  
AND  
HALF A  
YEAR!



BUT  
HER  
CONDITION  
IS TOO  
WEAK.

CONSIDERING  
THE  
TASK, THE  
HOUSEWIFE  
REQUIRES  
THE  
HIGHEST  
CARE...  
RESPECTFULLY...

Mitral valve — two leaflet valves in between the left ventricle and the left atria



SO  
YEAR-OLD  
HOUSEWIFE...  
NARAHASHI  
PUMYO...  
IS SHE?

...THE...



WE  
NEED TO  
CONSIDER  
THIS WITH  
THE  
UTMOST  
CARE.

THEN...



AND  
HAS  
REQUESTED  
THE  
OPERATION!

NARAHIGH-GAN  
SHOWED  
FAITH  
IN THE  
DEPARTMENT...

DESPITE THE  
HIGH RISK AND  
THE FACT  
THAT THIS WILL  
BE THE FIRST  
TIME MEGHIN  
WILL BE  
CONDUCTING  
THE BUTISTA  
OPERATION...





—  
RESPON-  
SIBILITY  
MY  
ASS!



—  
I WISH  
I COULD  
TAKE  
ON SOME  
BIGGER  
RESPONSIBILITIES  
SOON.



TORUAKI  
-SENSEI  
HAS GIVEN  
ME BLOOD  
SAMPLE  
DUTIES—  
—



I CAN  
EVEN  
GET AN  
OLD MAN'S  
VEIN IN  
ONE  
SHOT—



SO I'VE  
BECOME  
A TOTAL  
EXPERT.



ARE  
THE  
ONES  
WHO  
ENVY  
SUCH A  
THING...!!



— THE  
ONES  
WHO'VE  
NEVER  
HAD TO  
TAKE ON  
ANY  
RESPON-  
SIBILITIES—



OOOO,  
HUNK?

KAITOU-CHAN  
SEEMS  
TO HAVE  
REALLY  
TAKEN A  
LIVING  
TO VOLL



...I  
PASSED...?



...SO,  
THAT'S  
WHY  
IT  
WAS...!!



HOW WERE  
YOU GOING  
TO TAKE  
RESPONSIBILITY  
IF SOMETHING  
HAD  
HAPPENED  
DURING THE  
OPERATION?



USING A PATIENT  
LIKE A TOOL...!!  
ISN'T THIS  
CONTRADICTING  
ALL THAT YOU'VE  
BEEN SAYING?



MAKING  
AN  
INTERN  
OBTAIN  
THE  
GRAFT?

I KNEW  
SOMETHING  
WAS  
STRANGET





WHY  
WOULD  
I DO  
SUCH  
A THING?

TAKE  
RESPON-  
SIBILITY?



ISN'T THAT  
THE MINIMAL  
DETERMINATION  
NECESSARY  
FOR A  
HUMAN WHO  
PERFORMS  
SURGERY?

YOU'RE  
THE ONE  
WHO  
WAS TO  
GO TO THE  
FAMILY,  
AND YOU'RE  
THE ONE  
WHO'LL  
BE SILENT.

IF /  
CURRENT  
ONE  
BECAUSE  
YOU SCREW  
UP...



YOU  
ACCEPTED  
IT, AND  
YOU'RE  
THE ONE  
WHO  
APPLIED  
THE SCALPEL  
TO THE  
FUTURE.

YOU'RE  
THE ONE  
WHO HAD  
TO TAKE  
RESPON-  
SIBILITY.



THAT'S ONE  
RESPONSIBILITY  
YOU'LL  
ALWAYS  
HAVE  
TO  
CARRY

AS  
LONG  
AS YOU'RE  
ON MY  
TEAM...



TOO  
BIG A  
RESPON-  
SIBILITY...!!

...RESPON-  
SIBILITY...!!





YOU  
DON'T  
HAVE  
TO BE SO  
FORMAL,  
KATOU-  
SENSEI.

I  
AM NO  
LONGER  
THE  
CHIEF...



I  
SHOULD  
HAVE  
COME  
SOONER.

I'M  
SORRY...  
CHIEF  
NARAHASHI.



I'M THE  
ONE WHO  
OWES YOU  
FOR ALL  
THE HELP  
YOU HAVE  
GIVEN  
ME...



DON'T  
SAY  
THAT.



I  
FEEL  
SO  
EMBARRASSED...

THINK  
ABOUT IT...  
I'M BEING A  
BURDEN  
TO MY  
OLD  
COLLEAGUES...



YOU  
WORKED  
THICE AS  
HARD AS  
ANYONE  
ELSE AND  
CARED  
DEEPLY FOR  
YOUR  
PATIENTS...



I HEAR  
YOU'VE  
BECOME  
THE  
ASSISTANT-  
PROFESSOR!

—  
OH,  
THAT'S  
RIGHT!



I  
KNEW  
YOU'D  
BE  
ABLE  
TO DO  
IT.



AS  
LONG  
AS I'M  
IN  
KATOU-  
SENSEI'S  
HANDS!

IT'S  
OKAY!



I HEAR  
THAT IT'S  
NEVER  
BEEN  
ATTEMPTED  
AT THIS  
HOSPITAL  
BEFORE...

RIGHT!



...LWW,  
IS THE  
BATISTA  
OPERATION  
SOMETHING  
SAFE?



I'LL  
COME  
BACK  
TO SEE  
YOU  
AGAIN.



I  
CAN  
GIVE  
UP AS  
WELL....!!

IF IT'S  
IN HER  
HANDS  
AND  
STILL  
NOTHING  
CAN BE  
DONE...



ABOUT  
ANYTHING...!!

SHE  
DOESN'T  
KNOW...

Minimally  
invasive  
cases  
a type  
of  
heart  
surgery  
which  
does  
not  
involve  
the  
patient  
in  
painful



THESE  
LAST  
EIGHT  
YEARS.

HOW  
I'VE  
LIVED  
IN THE  
DEPARTMENT...



THE KEY  
IS HOW  
EASILE  
WE CAN KEEP  
THE AREA  
OF  
INCISIONS.



ZERO  
CASUALTIES...!!



WE HAVE  
CONDUCTED  
60 CASES  
OF "MINIMALLY  
INVASIVE  
CASES OVER  
THE LAST  
YEAR...



IN THE  
DEPARTMENT  
OF CARDIO-  
THORACIC  
SURGERY  
AT MITSUBISHI  
UNIVERSITY  
HOSPITAL...



WITHOUT  
A  
SINGLE  
CASUALTY!



ANYTHING  
HAPPEN  
WHILE I  
WAS AWAY  
FOR THE  
CONFERENCE?



UNIVERSITY OF MEDICINE



KARITA  
-BORN  
IN  
BLOOM  
-IST



PASSED  
AWAY  
FROM  
A RELAPSE  
OF  
MYOCARDIUM  
INFARCTION



...THAT  
WILL  
DO.

...OKAY...



BECAUSE WE  
WERE ORDERED  
NOT TO PERFORM  
THE MINIMALLY  
INVASIVE CABG...



IT IS NOT  
POSSIBLE TO  
MAKE PROGRESS  
WITH THE THESE  
DATA AND  
OBTAIN  
OPERATION  
RESULTS...!!

IF WE DO  
NOT SCREEN  
FOR CASES  
WITH  
FAVORABLE  
CONDITIONS...



I  
CANNOT  
RISE  
HIGHER.

IF I  
DON'T  
APPEAL  
TO THEM  
LIKE  
THIS...





I'VE  
COME  
THIS  
FAR.  
I CAN'T  
CHANGE  
WHAT  
I'VE DONE.

I'VE  
SACRIFICED  
THE LIVES  
OF NUMEROUS  
PATIENTS  
FOR THE SAKE  
OF MY THEORY  
AND SUCCESS.

JUST  
LIKE  
THIS...



THE  
SATISTA  
THEORY,  
THE  
POSITION  
OF PROFESSOR.  
THEY'LL  
ALL TURN  
INTO THIS  
AND ...

—  
IF  
THE  
FIRST  
CASE  
FAILS...





NOT  
AN  
OPTION.

OPERATING  
ON CHIEF  
NODDASHI  
RIGHT NOW...



IN ORDER  
FOR US  
TO RAISE  
THE  
OPERATION'S  
SUCCESS  
RATE, WE  
CANNOT  
SELECT HIGH

EVEN  
IF THIS  
WASN'T  
OUR  
FIRST  
PATIENT...

I  
CANNOT  
LET  
ASADA  
KNOW  
EITHER...!

THE  
RISK  
IS  
TOO  
HIGH...!



SHE...





I HEAR  
YOU'VE  
FOUND  
OUR  
PATIENT!



YO.



SHOW  
ME  
THEIR  
CHARTS.



SO  
THAT  
WE  
CAN  
DECIDE  
ON WHO  
TO CUT  
FIRST



AND  
NOT  
JUST  
ONE,  
BUT  
TWO.



I'LL  
SHOW  
YOU  
THE  
CHART  
LATER.

A 10  
YEAR-  
OLD  
GIRL  
WITH  
DELAYED  
CARDIO-  
MYOPATHY



AND THE  
PATIENT  
HAS  
ALREADY  
BEEN  
DECIDED.

NO, ONLY  
ONE  
PERSON  
WILL BE  
OPERATED  
ON.



THAT'S  
CERTAINLY  
NOT IN  
ACCORD  
WITH  
WHAT I  
HEARD  
FROM  
FALTYOSHA



I  
PERSONALLY  
VERIFIED  
IT JUST  
NOW!

THE OTHER  
PATIENT'S  
STAMINA  
WAS DEPLETED  
TO THE  
POINT WHERE  
SHE WON'T  
BE ABLE  
TO HANDLE  
SURGERY!



ASADA-KUN!

THAT  
GODDER  
SAID THAT  
WE SHOULD  
CONSULT  
WITH HIM  
WHEN WE  
DECIDE...



DO  
YOU  
NOT  
TRUST...  
MY  
JUDGEMENT?



THE BEST  
OPTION  
IS TO  
CONTINUE  
INTERNAL  
MEDICINE  
TREATMENT  
—



I  
HAVE  
NO  
OBJECTIONS.

IF THIS  
DECISION  
WAS MADE  
ON BEHALF  
OF THE  
PATIENT'S  
BEST  
INTEREST...



BUT  
REGARDLESS  
OF THE  
REPUTATION  
OF THE  
DEPARTMENT,  
YOU DECIDED  
THAT IT WAS  
UNNECESSARY...!

THE PHONE  
IN LONDON  
ASKEED  
THAT  
FUCHIKAWA'S  
DAUGHTER  
REQUIRED  
SURGERY...

**NOXGEAR PRESENTS:**

# **Team Medical Dragon**

**Volume 04, Chapter 25**

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**TRANSLATED BY:  
THEHYPERION**

**EDITED BY:  
AGUELLY**

**PROOFREAD BY:  
SAINTMAGCIAN**

**MEDICAL ADVISOR:  
FUNK DOCTOR PETE**



I'M  
LEAVING  
IT IN  
YOUR  
HANDS!

I'LL  
SEND  
YOU  
THE  
GIRL'S  
CHART  
THIS  
AFTERNOON.



CHAPTER 26

BATISTA PATIENT NUMBER ONE



BUT HER STAMPA  
WAS DELETED  
TO THE POINT  
WHERE IT  
WOULD BE DANGEROUS  
TO EVEN  
UNDERSTAND  
THE SURGICAL  
OPERATION...



IF WE  
DON'T  
OPERATE  
ON  
HARUKA  
-RAN  
RIGHT NOW,  
SHE WILL  
ONLY  
HAVE  
THREE  
MONTHS  
LEFT  
TO LIVE.



IF  
THIS  
DECISION  
WAS MADE  
ON BEHALF  
OF THE  
PATIENT'S  
BEST  
INTEREST,  
I HAVE NO  
OBJECTIONS.



PROLONGING  
HER LIFE  
THROUGH  
INTERNAL  
MEDICINE  
TREATMENT  
IS THE BEST  
OPTION —



IF WE  
CAN FIND A  
DONOR,  
WE CAN  
ALSO CONSIDER  
A HEART  
TRANSPLANT.



THIS  
IS  
RIDICULOUS.



IN ORDER  
TO INCREASE  
THE  
NUMBER OF  
SUCCESSFUL  
CASES FOR THE  
BATISTA THEORY  
WE CANNOT  
OPERATE ON  
NARAHASHI  
—SAY RIGHT  
NOW

WHAT'S  
THE  
POINT OF  
MAKING  
EXCUSES  
TO  
YOURSELF

WHO  
ARE  
YOU  
KIDDING?

—  
THAT'S  
YOUR  
TRUE  
INTENTION





I WON'T  
BE  
ABLE TO  
FORGET  
THEM UNTIL  
THE DAY  
I DIE.

THE  
PATIENTS  
I'VE  
"SACRIFICED"  
SO FAR...

IF I CAN  
OVERCOME  
WITH  
EMOTIONS  
AND LIVE UP  
ON THE TERMS  
THAT WILL  
BRING  
ME THE  
POSITION OF  
PROFESSOR...

BUT  
BECAUSE  
OF  
THAT...

WILL  
ALL...  
GO  
DOWN  
THE  
DRAIN

THE  
SACRIFICES  
THAT WERE  
MADE TO  
GAIN CHANCE  
TO THE  
DEPARTMENT...







IF I  
DO IT...  
IT MAY  
BE  
POSSIBLE.

SHOW  
ME  
HER  
CHART.



BUT IF  
WE DON'T  
OPERATE ON  
HER NOW, HER  
STAMINA WILL  
CONTINUE TO  
DECREASE AND  
SHE REALLY  
WILL HAVE  
NO CHANCE.



IF WE  
PUSH THE  
OPERATION,  
IT MAY  
RESULT IN  
FACILITATING  
HER  
DEATH.

IT'S  
TRUE THAT  
I EVALUATED  
NARAHASHI-SAN  
TO BE TOO  
WEAK FOR  
THE  
OPERATION.



...THAT'S  
TRUE.



YOU  
MAY  
ALSO  
FAIL.



BUT...



I JUST  
CANNOT  
RISK THE  
BATHISTA  
THESSIS  
ON SUCH  
UNCERTAINTY!!



THIS  
SEVENTEEN  
YEAR-OLD  
GIRL IS  
THE OPTIMUM  
PATIENT  
I'VE BEEN  
WAITING  
FOR ALL  
ALONG!!



I'VE  
SACRIFICED  
MANY  
PEOPLE  
TO GET  
WHERE I  
AM NOW!

FOR  
THE  
SAKE  
OF  
REFORM...



OPERATING  
ON  
THIS  
GIRL  
IS THE  
BEST  
CHANCE!!



GOING  
ON  
ABOUT  
HOW DIRTY  
I AM  
WON'T  
CHANGE  
ANYTHING.

BUT...



DO  
YOU  
THINK  
I'M  
DIRTY?



AND  
GET  
COVERED  
IN  
FILTH.

SOMEONE  
HAS TO  
SHOVE  
THEIR  
FOOT  
IN THE  
MUD...



I AM  
WILLING  
TO  
ACCEPT  
THAT  
BURDEN.



THE  
OPTIMUM  
PATIENT  
YOU'VE  
BEEN WAITING  
FOR ALL  
ALONG...?



THE  
PATIENT  
IS THE  
ONE WHO  
WAITS  
FOR THE  
DOCTOR!

DON'T  
BE  
SO  
DELI-  
GIOUS..



—  
HOWEVER...

I'M SURE  
THE EFFORT  
YOU'VE PUT  
INTO BRINGING  
ABOUT REFORM IS  
IMMENSURABLE,  
AND YOU WILL  
CONTINUE TO PUT  
FORTH SUCH  
EFFORT.



—  
OF  
COURSE...





YOUR  
REFORM  
IS NOT A  
TOOL TO  
COVER UP  
YOUR  
COMPROMISES.



HUMANS  
CAN  
FOOL  
THEM-  
SELVES  
INTO  
THINKING  
ANYTHING.





BY USING THE  
EXCUSE OF  
REFORM, YOU  
BECOME  
GENEROUS  
ON YOURSELF.  
YOU MAY  
EVENTUALLY  
JUSTIFY EVEN  
YOUR PAST  
SINS.



LOSE  
THEIR  
SOULS.

JUST  
LIKE  
THAT,  
HUMANS...



CHIEF  
NARAHASHI



IN  
SOMEONE  
LIKE  
ME...?

WHY  
DO  
YOU  
HAVE  
FAITH...



THE ONE  
WHO  
STAYED  
BY MY  
SIDE  
UNTIL  
MORNING

THE  
FIRST  
TIME  
A PATIENT  
CROD  
UNDER  
MY  
WATCH...



I  
EVER  
CRIED

THAT  
WAS  
THE  
LAST  
TIME

I WAS  
ABLE  
TO STAND  
INDEPENDENTLY  
AND  
BECOME  
STRONG  
ENOUGH  
TO JOIN  
THE TOP

WITH  
HER  
ENCOURAGEMENT

WHEN I  
HAD JUST  
STARTED,  
HARASHIMA-SAN  
TAUGHT  
ME VARIOUS  
THINGS  
THAT  
WERE USEFUL  
IN PRACTICE





I WAS  
JUST  
A NORMAL  
SCHOOL  
FEMALE  
DOCTOR

SO  
THEY  
PUNISHED  
ME



WHY  
ME...?



YOU  
LOOK  
LIKE  
YOU'RE  
ALL  
READY  
TO CRY.

WHAT'S  
WRONG,  
KATOLU-  
SENSEI?



...GHEP.





DOCTORS  
EITHER  
SHUT  
OUT  
THEIR  
EMOTIONS...

EVENTUALLY,  
FOR PATIENTS  
THAT MAY  
BRING THEM  
PAIN IF  
THEY  
HAPPENED  
TO DIE...



GRID WHEN  
THEIR OWN  
PATIENT  
THAT THEY  
HAD  
CARED  
FOR DIED.

WHO-  
EVER  
IT  
WAS...



FOR  
PATIENTS  
WITH  
POOR  
ATTITUDES,  
THEY  
BARELY  
FEEL A  
THING.

AND  
STOP  
CRYING.



EACH  
PERSON  
FIGURES  
OUT THEIR  
OWN  
WAY OF  
PROTECTING  
THEIR  
HEART.

WE'RE  
ALL  
HUMAN  
BEINGS.

THERE  
ARE EVEN  
SOME WHO  
WOULD SAY  
"THANKS TO  
THE PATIENT  
DYING EARLY,  
I WAS ABLE  
TO MAKE  
MY MEETING."



AS  
DID  
I...



YOU  
ALWAYS  
TREATED  
YOUR  
PATIENTS  
WITH THE  
PROPER  
RESPECT  
—



WHEN  
THE  
PATIENT  
DIED  
OR WAS  
IN PAIN...



YOU DID  
YOUR BEST  
TO NOT LET THE  
TEARS THAT  
WERE WELLING  
UP IN YOUR  
EYES  
OVERFLOW.



YOU  
SIMPLY  
CHANGED  
THE WAY  
YOU CRIED.



BECAUSE  
YOU'RE A  
CLEVER  
PERSON...

— BUT  
YOU  
WERE  
DIFFERENT.





EVEN IF  
I DIE,  
SHE'LL  
MOST  
CERTAINLY  
KEEP ME  
IN HER  
MEMORIES.

IF  
IT'S A  
DOCTOR  
LIKE  
YOU...



THAT'S  
WHAT  
I...  
THINK.





...YEAH.

AND  
EVEN IF  
WE DECIDE  
TO OPERATE  
ON HER,  
FAILURE  
IS NOT  
AN OPTION!  
UNDERSTOOD?

I'LL  
HAND  
OVER  
THE  
CHART.



AND  
THEN  
COME  
GET IT.

GIVE  
ME  
FIVE  
MINUTES...

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**Volume 04, Chapter 26**

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**MEDICAL ADVISOR:  
FUNK DOCTOR PETE**

# CHAPTER 27

## THESIS VS. PATIENT







YOU  
ARE  
AWARE?

THEN  
I'M  
SURE



YES.



YOU...

ARE YOU  
SERIOUS ON  
COMPLETING  
THE BATISTA  
THESIS?



I  
AM  
AWARE.

YES  
...



THEN  
THERE  
IS NO  
SECOND  
CHANCE?

THAT  
IF THE  
FIRST  
CASE  
FAILS...



HER CONDITION  
IS STABLE!  
SHE'S THE  
REAL PATIENT!

WHY  
AREN'T  
YOU  
CUTTING  
OPEN THE  
SIXTEEN  
YEAR-OLD?

WHY  
AREN'T  
YOU  
OPERATING  
ON HER  
FIRST?



—  
IF  
THAT'S  
THE  
CASE...



...CONSIDERING  
HER STATE,  
WOULDN'T  
IT BE MORE  
FOOLISH  
TO OPERATE?



AFTER  
CONSULTING  
WITH ASADA  
-GENEI  
AND  
FURUKOHI  
-GENEI...



BY  
YOUR  
OWN  
HANDS?

IS IT  
THAT  
YOU  
WISH  
TO  
END IT...





THE  
THESIS!



AND  
THE  
PATIENT!



—  
YOU...



I'VE  
CONSIDERED  
THE  
RISKS.



WHICH  
IS MORE  
IMPORTANT  
TO YOU!?





I WILL  
SAVE  
THE  
PATIENT'S  
LIFE...

AND  
COMPLETE  
THE THESIS  
AS WELL.



SURE.



— PERHAPS  
WE SHOULD  
GET TOGETHER  
FOR DINNER  
SOMETIME...?

...WHEN  
THE  
OPERATION  
IS DONE...



GIVE  
IT  
YOUR  
ALL.

SO THAT  
IT DOESN'T  
BECOME  
YOUR  
FAREWELL  
MEAL...



YOU  
GREEDY  
FEMALE  
DOCTOR!



—  
"BOTH"  
EH?  
INCREDIBLE.





I DID NOT  
DECIDE TO  
OPERATE ON  
NURAHASHI-SAN  
BECAUSE OF  
MY PERSONAL  
ATTACHMENT  
TO HER!



YOU DON'T  
HAVE THE  
CHARM TO  
SIMPLY REPLY  
"THE PATIENT!"  
IN THAT  
SITUATION

I'M GOING  
TO TELL  
YOU THIS  
NOW....



WERE YOU  
GOING TO  
GIVE UP ON  
NURAHASHI  
-SAN?

IF I  
WASNT  
THE  
OPERATING  
SURGEON...



AND CAME  
TO THE  
CONCLUSION  
THAT THE  
PROBABILITY  
OF SUCCESS  
OF THE  
OPERATION  
WAS HIGHER.

I'VE TAKEN  
INTO  
CONSIDERATION  
THE PATIENT'S  
CONDITION  
AND YOUR  
SKILLS...





MOST  
LIKELY.



IT IS NOT  
POSSIBLE  
FOR ME  
TO GIVE  
UP ON THE  
THESIS  
BECAUSE  
OF ONE  
PATIENT.

I CAN'T  
CHANGE  
THE WAY  
I LIVE  
NOW.



I WANT  
THAT  
PROFESSOR  
-SHIP.



EVEN IF  
I HAVE  
TO SELL  
MY SOUL  
TO THE  
DEVIL...



BUT  
—



I WILL  
NO LONGER  
SELL IT  
CHEAP.



I HAVE NO  
INTENTIONS  
ON  
CONCEDING.

AS LONG  
AS I'VE  
GOT YOU...



COULD  
BE YOUR  
DEFINING  
FEATURE.

THAT  
STUBBORN-  
NESS  
ABOUT  
YOU...



I'M GOING  
TO DRAG  
YOU DOWN  
TO THE  
DEPTHS OF  
HELL WITH  
ME, SO BE  
PREPARED!



INTO  
THE WAY  
I LIVE  
MY LIFE.

I WILL  
SWALLOW  
YOU  
WHOLE...



THEN  
MAKE SURE  
I DON'T  
MAKE YOU  
CHOKES ON  
THE WAY  
DOWN.



WHO  
MATTERED  
WHAT I  
COULD  
ACCOMPLISH  
-AND-  
IN THE  
FUTURE...





I WILL  
CARRY  
THESE  
REGRETS  
AND  
DOUBTS  
WITH ME  
FOR AS  
LONG AS  
I LIVE.



THE PATIENTS  
I'VE SACRIFICED  
WILL NEVER  
FORGIVE ME  
FOR WHAT  
I'VE DONE



IS  
CREATE  
ANOTHER  
ONE OF  
THOSE  
SAD  
FACES

BUT  
ONE  
THING  
I  
NEVER  
WANT  
TO DO  
AGAIN

WHY THE HELL ARE  
THEY  
CHOOSING  
THE MORE  
DIFFICULT  
PATIENT  
AND SHIT

WHY?



OWW...

ASADA  
MIGHT  
HAVE A  
CHANCE  
TO  
SUCCEED  
IN THE  
BATTLE...

I HAD BEEN  
BETTING IT  
ALL ON THE  
MINISCULE  
HOPE THAT...

IT'S  
COMMON  
SENSE TO  
SELECT  
THE PATIENT  
IN THE  
MORE  
FAVORABLE  
CONDITION  
FOR THEIR  
CASES...?







EVEN I  
SUFFERED  
FROM  
PNEUMO-  
THORAX  
RECENTLY.



YOU  
NEED  
TO TAKE  
CARE OF  
YOURSELF  
BETTER!

—  
MIKI-  
-SAN!!



I HEARD  
THERE WAS  
ANOTHER  
PATIENT IN  
BETTER  
CONDITION!?

EVEN THE  
DELIVERY  
OF THIS  
PATIENT...



WHY DOES  
ASADA-SENSEI  
ALWAYS MAKE  
THE MOST  
DIFFICULT  
DECISIONS...?



—  
WHY?





IT'S AS  
IF HE WAS  
TRYING TO  
SHOW OFF  
HIS SKILLS!!

EVEN NORMAL  
OPERATIONS  
WHERE A SIMPLE  
PROCEDURE WOULD  
HAVE SUFFICED!  
HE WOULD  
DELIBERATELY GO  
WITH THE MORE  
DIFFICULT  
PROCEDURE...!!

...A  
COMPETENT  
SURGEON  
|



CHOOSSES  
THE MORE  
DIFFICULT  
PROCEDURE.

IF HE WERE  
TO CHOOSE  
BETWEEN A  
SIMPLE AND  
A DIFFICULT  
PROCEDURE...



THOUGH IT  
MAY BE  
MORE  
DIFFICULT  
AND REQUIRE  
MORE EFFORT



IT MAY  
BE SIMPLE  
AND SAFE,  
BUT INSTEAD OF  
PROCEDURES  
MORE ALONG  
THE LINES OF  
"IMPROV-  
-SATIONS"...

OF COURSE,  
THIS IS  
ONLY  
REFERRING TO  
PROCEDURES  
IN THE  
OPERATING  
ROOM.



THE  
PROCEDURE  
THAT'S BEST  
FOR THE  
PATIENT IS  
SELECTED



WOULDN'T  
THE PATIENT'S  
DECISION BE  
THE SAME  
AS WELL?



IT IS BECAUSE  
HE KNOWS THAT  
NOT SPARING ANY  
EFFORT AND  
TAKING UPON THE  
CHALLENGE OF  
THE DIFFICULT  
TASKS WILL  
PRODUCE THE  
BETTER  
RESULT.

THAT WAY  
THERE WILL  
BE NO NEED  
FOR A SECOND  
OPERATION  
AND THE  
PATIENT'S  
CONDITION  
WILL BE  
STABILIZED.





HE SIMPLY  
DOES NOT  
COMPROMISE.

HE DOESN'T  
DELIBERATELY  
CHOOSE THE  
MORE DIFFICULT  
TASK...



THAT'S  
ASADA  
RYUTAROU.



AS LONG  
AS THERE  
ARE NO  
SERIOUS  
COMPLICATIONS  
AFTER THE  
SURGERY...

NEXT,  
I WILL  
GO OVER  
THE COSTS



IT WILL COST  
BETWEEN SIX  
TO EIGHT  
MILLION YEN.



YOU'LL  
ONLY HAVE  
TO PAY  
30 PERCENT,  
WHICH IS  
2,400,000  
YEN.

AH, BUT  
BECAUSE THE  
BATISTA IS  
COVERED  
UNDER HEALTH  
INSURANCE...



EIGHT  
MILLION!!



YOU WILL  
RECEIVE A  
SPECIAL "HIGH  
MEDICAL COST  
REFUND" SO IT  
WILL ONLY  
BE ABOUT  
200,000  
TO 300,000  
YEN.

AND IN  
A FEW  
MONTHS...



WITH  
MY  
BONUS...

IF  
IT'S  
JUST  
300,000...



I'VE  
NEVER  
BEEN ABLE  
TO DO  
ANYTHING  
FOR MOM



JUST  
LET ME!



WHAT ARE  
YOU TALKING  
ABOUT?  
YOU DON'T  
HAVE TO  
PAY ANYTHING.

DAD!



—  
ASADA



LET  
ME  
PAY  
FOR  
THIS.

IT'S  
NOT  
MUCH...



THERE'S...  
NOTHING  
ELSE I  
CAN DO  
FOR HER...

I LEAVE  
THE REST  
UP TO  
YOU!!

NOXGEAR PRESENTS:

# Team Medical Dragon

VOLUME 04, CHAPTER 27

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#NOXGEAR @ NOXGEARAPP.NET

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**TWENTYPerson**

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**SAINTMACCLAN**

MEDICAL ADVISOR:

**FUNK DOCTOR PETE**

CHAPTER 28  
TWO DAYS BEFORE BATISTA





WAS THE  
FINAL  
JUDGEMENT  
OF  
FUTUYOSHI  
-GENEAL.

THAT  
NARAHASHI  
-GANG'S  
CONDITION  
ON  
THAT  
DAY  
WILL  
BE  
AT  
ITS  
BEST..

NARAHASHI-SAN'S  
BATISTA  
OPERATION  
HAS  
BEEN  
DECIDED  
TO  
BE  
ON  
FRIDAY  
NEXT  
WEEK..



I  
HEARD  
THAT  
HE  
AND  
AGADA  
HAD  
A  
QUITE  
HEATED  
DEBATE...



NOBODY  
HAS  
TALKED  
TO ME.

EVER SINCE  
PEOPLE KNEW  
ABOUT ME  
BEING THE  
MEMBER  
OF THE  
BATISTA TEAM.



IS BEING  
DISMISSED BY  
THE MAJORITY  
OF THE UNIVERSITY  
HOSPITALS BECAUSE  
OF THE HIGH  
FATALITY AND  
THE RELAPSE RATE  
HAS RESULTED  
IN LESS THAN  
STABLE RESULTS.

IN THE  
1980'S,  
THE BATISTA  
OPERATION,  
FOUNDED BY  
A BRAZILIAN,  
DR. RANDIS  
J.V. BATISTA





HEY,  
LET'S GO  
HAVE  
SOME  
FOOD.

I'M TOTALLY  
AWARE OF  
THE  
SIGNIFICANCE  
OF ASSOCIATE  
PROFESSOR  
KATO'S  
REVISED  
METHOD..



IN THE PRESENT  
STATE WHERE  
HEART DONORS  
ARE EXTREMELY  
RARE,  
AN ALTERNATIVE  
SURGERY TO HEART  
TRANSPLANT IS  
STARTING TO  
BE APPRECIATED.

—  
H  
O  
W  
E  
V  
E  
R,



TO THINK  
OF A  
STRANGE  
OPERATION  
SUCH AS  
BATISTA..!!

BUT...



WEIRD  
SURGICAL  
METHODS SUCH  
AS THIS ONE  
ALWAYS HAVE  
TO ORIGINATE  
FROM BRAZIL,  
HUH?

LET'S  
GO  
MEET  
MADAMAMA  
-DAN!

OH!

DAMN  
IT!





ANOTHER  
SCENE OF  
THE  
CUSTOMS IN  
UNIVERSITY  
HOSPITALS.



A TOKEN OF  
APPRECIATION  
FOR YOU!



THE AMOUNT  
GIVEN DIFFERS  
FOR EACH  
PATIENT,  
DEPENDS  
ON THE  
DISEASES.

JUST LIKE  
THE  
CONGRATULATION  
GIFTS  
GIVEN  
DURING A  
WEDDING  
CEREMONY.



ONCE I'VE  
EVEN SEEN  
AN OLD  
WOMAN USING  
TISSUES TO  
PACK A 1000  
YEN BILL  
TO GIVE  
TO THE  
DOCTOR!



THE TIP IS  
GIVEN TO  
THE SURGEON  
CONDUCTING  
THE  
OPERATION.



SO SHE'S  
THE ONE  
WHO'S  
SUPPOSED  
TO RECEIVE  
THIS?

THE HEAD  
OF THE  
BATISTA  
PROJECT  
IS KATOU  
-SENSEI

NO DOCTOR  
WOULD  
WANT  
TO REFUSE  
THESE GIFTS

MAYBE FROM  
THE PATIENT'S  
POINT OF VIEW,  
THEY WILL FEEL  
MORE RELIEVED  
AND CONFIDENT  
BY DOING SO..



BECAUSE OF  
THAT, IT'S  
NOT VERY  
APPROPRIATE  
TO REFUSE  
THEIR  
KINDNESS..



PROFESSOR  
KATOU  
WOULDN'T  
ACCEPT IT.

OF  
COURSE



OH,  
RIGHT.



THE  
DOCTOR  
PERFORM-  
ING THE  
SURGERY  
WILL BE  
ASADA  
-SENSEI  
-GO..



KATOU  
-SENSEI  
SAID



USE IT  
TO BUY  
SOME  
CAKES.

WELL THEN,  
THAT  
MONEY..



HA?



LATER,  
WHEN THE  
OPERATION  
IS  
FINISHED

ON THE  
OPERATION DAY,  
LET'S TREAT  
THE STAFF AND  
YOUR FAMILY  
STRAWBERRY  
CAKES FROM  
THE CHOCOLAT  
SHOP IN FRONT  
OF THE RAILWAY  
STATION!



I'M  
LOOKING  
FORWARD  
TO IT.



WE'LL  
HOLD A  
PARTY!



I  
GUESS..



IS IT  
OKAY  
THIS  
WAY?

DOCTOR..



WHILE  
YOU'RE AT  
IT, YOU  
MIGHT AS  
WELL ADD  
CREAM-FILLED  
PASTRY TO  
YOUR BUYING  
LIST.



HAS  
ALWAYS  
HAD A  
LIKING  
FOR  
SWEET  
FOOD.

SINCE  
ASADA  
-SENSEI.



HE'S  
GREAT,  
ISN'T  
HE?

HAHA!



MY  
MISTAKE  
WILL  
DECREASE  
BY 1 KG...

DESPISE  
THE  
EMERGENCY  
-ROOM  
FLOOD.



KATOU  
-SENSEI,







DO YOU  
HAVE  
ANY  
REQUESTS?





“BUT THIS  
EBIMISO”  
SURE IS  
VERY  
SPICY!”

I’M  
USUALLY  
OKAY  
WITH  
SPICY  
FOOD.



“THEY’RE ALL SPICY!”  
“BUT THE EBIMISO WAS TOO SPICY!”



AT LEAST  
THERE’S  
SOMETHING  
THAT YOU  
CAN EAT



THIS  
SATSUMA  
ABO\*\*\*  
IS ALSO  
NOT  
SAO

THIS  
ONE’S  
DEU-  
-GIOUS!

SOOOO



THERE ARE  
THOSE WHICH  
AREN’T SPICY  
TOO!

THIS “GUTA NO  
KUSHIYAKI”  
FOR EXAMPLE

IT SEEMS  
LIKE YOU  
ARE ABLE  
TO EAT SUCH  
SPICY FOOD  
WITHOUT  
ANY  
SWEAT!



THREE  
MORE DAYS  
BEFORE THE  
BATISTA  
OPERATION.

AT  
LAST,



ON THAT  
DAY, I  
WENT TO  
OBSERVE  
THE  
OPERATION  
MYSELF.

THE  
OPERA-  
TION IS  
INDEED  
WORTH  
TO BE  
INTERESTED  
UPON



I NEVER KNEW  
THAT EVEN A  
PROFESSOR  
FROM THE  
EMERGENCY  
RESCUE TEAM  
IS INTERESTED  
IN IT AS WELL.



YOU  
HAVE  
WHAT IT  
TAKES.

EVEN  
THOUGH  
YOU'RE JUST  
A WOMAN AS  
A CANDIDATE  
IN THE NEXT  
PROFESSOR  
SELECTION,



IF THE  
BATISTA  
THESIS  
SUCCEEDED,

YOUR  
INFLUENTIAL  
VOICE IN THE  
CARDIOTHORACIC  
SURGICAL  
DEPARTMENT  
WILL INCREASE  
TREMENDOUSLY,  
DON'T YOU  
THINK?



WHEN  
THE TIME  
COMES,  
MY  
VOTE



YOU'RE  
OVERESTIMATING  
ME

—  
RIGHT NOW I  
BARELY THINK  
OF ANYTHING  
APART FROM  
THE OPERATION





I WANT  
SOMEONE  
LIKE YOU  
TO JOIN  
US.

IF  
POSSIBLE..



—  
THIS  
GUY,

—THANKS  
—FOR THE COMPLI-  
—MENT



THESE  
ARE MY  
THOUGHTS.

JAPAN'S  
MEDICAL SYSTEM  
IS GOING THROUGH  
A PERIOD  
OF REVOLUTION

—  
TO SUPPORT  
THE REVOLUTION,  
WE NEED YOUNG,  
TALENTED  
DOCTORS  
LIKE YOU.



IT'S  
AS IF  
HE'S  
WARNING  
ME

WHY,  
IN A  
SLOTTEN.



REVOLU-  
TION IS  
NECESS-  
ARY...

SURE.



BUT, THERE  
ARE MANY  
OTHER PEOPLE  
OF GREATER  
ABILITY IN THE  
CARDIOTHORACIC  
MEDICAL  
DEPARTMENT...



ASAOA-SENSEI  
WILL BE  
EXPELLED!  
YOU TOO  
WILL BE KICKED  
OUT FROM THE  
MAINSTREAM  
MEDICINE



THE  
OPERATION  
ON THAT  
DAY FAILS,  
IN THAT  
SITUATION.

—  
SUPPORTING





AT THAT TIME,  
I WANT  
TO BRING  
ASADA-SENSEI  
INTO THE  
EMERGENCY  
RESCUE TEAM.



ASADA-SENSEI  
...INTO THE  
EMERGENCY  
RESCUE TEAM

....!!



OWING THE  
PROFESSOR  
A FAVOR,  
AT THIS  
SITUATION,  
OTHER PEOPLE'S  
OPINION AND  
ANY OF THE  
LIKE IS NONE  
OF MY  
CONCERN.

I WILL  
IMMEDIATELY  
REQUEST TO PROFESSOR  
YASUCHI  
FOR ASADA  
-SENSEI'S  
TRANSFER.



I CANNOT  
BRING IN A  
DOCTOR WHO  
HAS BEEN  
PUNISHED BY  
PROFESSOR  
YASUCHI  
INTO THE  
EMERGENCY  
UNIT.

SUPPOSING  
THE  
OPERATION  
FAILS,



IN ORDER  
TO ACHIEVE  
THAT,  
I NEED YOU  
TO HIGHLIGHT  
THIS MATTER  
TO ASADA  
-SENSEI.

THIS  
TRANSFER  
HAS TO  
BE DONE  
QUICKLY.

.....  
!!



MUST  
NOT BE  
LEFT  
BURIED  
INTO  
WASTE.

THAT  
TALENT,



THE TRUTH IS, IT SEEMS LIKE HE'S REJECTED ME. HE DIDN'T CONTACT ME AT ALL.

TO GET ABADA, WHO CAN GAIN PROFIT FOR THE EMERGENCY RESCUE TEAM



THIS IS IT, THIS MAN'S INTENTION!

WHY CAN'T YOU TELL HIM BY YOURSELF?



OF COURSE, I'M RELYING ON YOU TO PUT IN SOME GOOD WORDS FOR ME.



WHEN WILL THE TRAIN STOP



I'LL THINK ABOUT IT.









—  
IN  
TWO  
DAYS.



BATISTA..



THE ILLNESS OF JAPANESE MEDICINE:

"IN ORDER TO GET A GOOD THESIS DATA FROM THE RESULT  
OF THE OPERATION, PATIENTS WITH BAD CONDITION WILL  
NOT BE OPERATED ON."

NEXGEAR PRESENTS:

# Team Medical Dragon

VOLUME 4 CHAPTER 28

[manga.nexgear.com](http://manga.nexgear.com)

TRANSLATED BY: *Nafzaa*

EDITED BY: *Koticht*

PROOFREAD BY: *Spectacles*



CHAPTER 29

THE  
FIRST  
BATISTA  
OPERATION





THE DAY



I  
ALWAYS  
WONDER  
ABOUT SUCH  
THINGS ON  
OPERATION  
DAY.

COULDN'T I  
HAVE HANDED  
THE PATIENT  
OVER TO THE  
SURGERY  
DEPARTMENT  
WHEN THE  
PATIENT WAS  
IN A BETTER  
CONDITION?



IS  
NOW REALLY  
THE BEST TIME  
TO DO THE  
OPERATION?



NO MATTER  
WHO MIGHT  
SAY IT WAS  
THE BEST  
DECISION,  
YOU'LL  
ALWAYS  
WONDER,  
WON'T YOU?



I  
THINK  
I KNOW  
HOW YOU  
FEEL.

THAT'S  
BECAUSE  
INTERNS  
CAN'T REALLY  
SEE THE RESULT  
OF THEIR  
CARE.





BUT  
I'LL MAKE  
TODAY THE  
'BEST' DAY  
IT CAN  
BE.

I  
DON'T KNOW  
WHETHER  
TODAY  
IS REALLY  
THE BEST  
DAY,



I'M  
COUNTING  
ON YOU,  
ASADA.



—  
FINALLY  
THE DAY  
HAS  
COME...



I  
DEFINITELY  
CAN'T MAKE  
ANY  
PERSONAL  
MISTAKES...!!

REGARD  
-LESS  
OF THE  
OPERATION  
-TOM'S  
OUTCOME.



BECAUSE IN  
TODAY'S OPERATION,  
NEITHER THE  
DEPARTMENT  
NOR ASADA...



WILL  
COVER  
FOR ME  
—

NOBODY





DID I LOOK  
THAT STRANDED?

I.

I KNOW,  
MOM! WE'RE  
NOT WORRIED  
LIKE THAT  
AT ALL!



GOOD-  
BYE! TO THE  
CONG-  
RESS-  
ROOM!

THE  
ANESTHESIA  
INJECTED IS  
STARTING  
TO TAKE  
EFFECT.



EVERYTHING  
WILL...  
SURELY  
GO WELL...



IS THE  
CASE,  
AS  
PROMISED?

THIS...



LATER,  
THEN.

THANKS.



DOCTOR!



PLEASE  
SAVE MY  
MOTHER!

MY  
MOTHER...!!



PLEASE,  
WE'RE  
COUNTING  
ON YOU!

PLEASE!!





FORGET THE  
MEDICAL OFFICE..



THINGS LIKE  
THAT

OR ABOUT  
PROTECTING  
MYSELF...



I'M JUST  
GOING TO  
FORGET ABOUT  
THEM, IF ONLY  
FOR A FEW  
HOURS!



TO  
PROTECT  
SOMEONE  
RIGHT NOW!

IT'S MY  
TURN





SURGEON  
ASADA RYUTAROU





ANESTHETIST  
TOTSUKA KURACHI

A black and white illustration of a male anesthesiologist wearing a surgical cap and mask, looking forward with a serious expression.

CLINICAL ENGINEER  
TOCHI SHIGEMARU

A black and white illustration of a male clinical engineer wearing a surgical cap and mask, looking slightly to the side.

ASSISTANT  
CLINICAL ENGINEER  
MAEDA SHINJI

A black and white illustration of a male assistant clinical engineer wearing a surgical cap and mask, looking forward.

OPERATING NURSES  
OUTSIDE WORLD  
TAKAMITSU BIKO  
AIZAWA SACHIE

A black and white illustration of two female operating nurses wearing surgical caps and masks, looking towards the right.

FIRST ASSISTANT  
KATOU AKIRA

A large black and white illustration of a male first assistant wearing a surgical cap and mask, looking upwards with a focused expression.

OPERATING NURSE  
(EQUIPMENT AND  
MATERIALS)  
SATOHARA MIKI

A black and white illustration of a female operating nurse wearing a surgical cap and mask, looking towards the right.

SECOND ASSISTANT  
IJYUIN NOBORU

A black and white illustration of a male second assistant wearing a surgical cap and mask, looking towards the right.





ONE  
HOPES  
THAT THE  
OUTCOME  
WILL BE  
A GOOD  
ONE..?



THAT  
TROUBLEMAKER  
WAS SPECIFICALLY  
BROUGHT IN FOR  
THIS OPERATION,  
WASNT HE?



STRIKER.



FIX  
IN  
POSITION?

OPENING  
THE  
THROAT?



THE ORGAN (FROM ABOVE) RESEMBLES...









RAY: AFTER ONLY TWO OF THE CHIEF AIR SCENES (PAGE 41) - 10-0000





**SURGERY  
ON A  
BEATING  
HEART...?!**

041 00000000 001



**AN  
OPERATION  
CONDUCTED  
UNDER  
THESE  
CIRCUM-  
STANCES**



**THE CIRCULATION WILL  
BE MAINTAINED BY THE  
HEART-LUNG MACHINE,  
BUT THE HEART IS  
STILL BEATING.**



**HOWEVER,**



**AND ENDING  
THE RISK  
APPENDANT WITH  
THE INJECTION  
OF CARDIOPLEGIC  
SOLUTION AND  
SUBSEQUENT  
RESUSCITATION**



**WILL HAVE  
THE MERIT OF  
PREVENTING  
HEART TISSUE  
DETERIORATION  
IMPROVING  
POST-OP  
PROGNOSIS.**



IT IS ALSO POSSIBLE THAT THE PATIENT MAY DIE...

ON THE OPERATION TABLE.

IN THIS OPERATION,

IS A HUNDRED TIMES MORE DIFFICULT THAN OPERATING ON AN ARRESTED HEART

OPERATING ON A BEATING HEART

!!



THE THING BE DAMNED?

WITHOUT A DOUBT, HE'LL BE HELD RESPONSIBLE AS THE CARDIOTHORACIC SURGERY DEPARTMENT HEAD, OR EVEN WORSE, GET SACKED !!

SUPPOSED THE OPERATION FAILS AFTER TAKING SUCH A RISK,



LOOKS LIKE HE'S ABSOLUTELY FURIOUS...

KU  
KU  
KU



I  
REALLY

WANT  
HIM, NO  
MATTER  
WHAT

!!



BUT IF  
THIS GUY  
CAN GET  
THROUGH  
THIS



AS FOR ME,  
I'LL HAVE AN  
EARLIER CHANCE  
TO GET AWAY.



WHY  
ARE YOU  
ASKING  
ME?



LENN  
KATOU  
-SENSEI-



IS THIS  
REALLY  
ALL  
RIGHT?



PLEASE  
FOLLOW  
HIS  
INSTRUCTIONS!

THE  
SURGEON  
IS ASADA  
-SENSEI.



GOT IT,  
ASADA  
-SENSEI!

GOT IT!



THIS  
ISN'T JUST  
ANYONE'S  
OPERATION.



NEXGEAR PRESENTS:

# Team Medical Dragon

VOLUME 4 CHAPTER 34

[mangalnexgear.com](http://mangalnexgear.com)

TRANSLATED BY: *rumpsical*

EDITED BY: *Zeitchi*

PROOFREAD BY: *Zeitchi*  
*Nafiza*



I MUST  
TRUST  
ASADA WITH  
EVERYTHING  
NOW!

AT THIS  
STAGE,  
EVEN A  
MOMENT OF  
HESITATION  
CAN BE  
DEADLY.



I KNEW  
ANYTHING  
COULD  
HAPPEN!!

IT'S  
ASADA'S  
OPERATION!



SCALPEL!

CHAPTER 30  
BEATING CARDIAC  
MUSCLE





BATISTA  
ON A  
BEATING  
HEART  
WITHOUT  
INDUCING  
CARDIO-  
PLEGIA~

~~~~~P!



YOU
KNOW
HOW
DANGER-
OUS
THAT IS!

WHY
AREN'T
YOU
STOP-
PING HIM,
KATOU-
CHAN~

~~~~~P!





BUT IT'S  
TOO LATE  
ONCE  
THEY'VE  
OPENED  
THE  
THORAX...

NOBUCHI  
CAN  
BLAME  
ALL HE  
WANTS,



BUT THAT'S  
PROVIDED THE  
SURGERY  
SUCCEEDS.

BEATING-  
HEART  
SURGERY  
DOES IM-  
PROVE THE  
PATIENT'S  
PROGNOS-  
IS.



O-ON A  
BEATING  
HEART...!?





HIS ASADA  
BROKE WILD,  
FOCUSING  
TOO MUCH  
ON FUTURE  
OUTCOMES...



WHICH  
IS IT,  
ASADA?!

OR DOES HE  
HAVE AN ACE  
CARD UP HIS  
SLEEVE?



BEGIN-  
NING  
CARDIO-  
LYSIS!

FBI man (pursuing instrument along)



SEEMS  
LIKE  
JOYJUN-  
KUN IS  
KEEPING A  
GRIP ON  
THINGS,  
TOO...



THE  
ONLY  
SAVING  
SPACE IN  
ALL THIS  
IS THAT  
WE HAVE  
GOOD  
TEAM-  
WORK.

I CAN  
JUST  
IMAGINE  
DR.  
NOSUCH'S  
EXPRES-  
SION!!



HE'S  
DEVELOPED A  
TOLERANCE  
FOR ASADA'S  
SUBTLETS—

I CAN  
NOW  
SEE WHY  
ASADA  
PICKED  
HIM  
EARLY ON...



FLEXI-  
BILITY!



THAT IS, HE  
HAS WHAT  
IT TAKES TO  
DEAL WITH  
EVERYTHING  
THAT CAN  
GO WRONG  
IN THE  
OPERATING  
THEATRE...





THE INTRA-  
OPERATIVE  
MORTALITY  
RATE  
WAS HIGH;  
THE POST-  
OPERATIVE  
SURVIVAL  
RATE  
WAS ALSO  
EXTREMELY  
LOW.



PREVIOUSLY,  
THE BATISTA  
OPERATION  
REDUCED  
THE LEFT  
VENTRICLE  
BY MAKING  
A MAJOR  
EXCISION.



THE BATISTA  
OPERATION  
EVOLVED  
FROM THE  
LATE 1990S  
ONWARDS.



HOWEVER,

RATHER, CON-  
CENTRATION  
OF DISEASED  
TISSUE IN  
SPECIFIC LOCI  
IS MORE  
COMMONLY  
OBSERVED.



DILATED  
CARDIOMYO-  
PATHY (DCM)  
PATIENTS  
WHO DISPLAY  
HOMOGENEOUS  
DISTRIBUTION  
OF DISEASED  
CARDIAC TISSUE  
ARE FEW IN  
NUMBER.

Areas  
exhibiting  
signs of  
disease

WHILE LEAVING AS MUCH HEALTHY CARDIAC MUSCLE TISSUE AS POSSIBLE INTACT, THE OPERATION'S SUCCESS RATE HAS GREATLY INCREASED!!



BY SELECTIVELY EXCISING HEAVILY AFFECTED CARDIAC TISSUE TO REDUCE THE LEFT VENTRICLE,

Afflicted area

Afflicted area

DR. KATOU'S MODIFIED METHOD IS SUPPOSEDLY PART OF THE RESEARCH REGARDING THAT, BUT...



HOWEVER, AN ACCURATE METHOD FOR DETECTING AFFECTED TISSUE HAS YET TO BE DETERMINED.

WE MAY HAVE TO RESHAPE HER MITRAL VALVE AS WELL, DEPENDING ON THE CIRCUMSTANCES.

Tends to suffer from insufficient valve closure due to dilated cardiac muscle

IN NARU-NARU-SAN'S CASE, IT'S NOT JUST HER LEFT VENTRICLE...

Left Ventricle

Left Atrium



IS IT  
WORTH  
TAKING  
THIS  
GREAT  
OF A  
RISK...?!

EVEN IF  
MAKING  
NO COM-  
PROMISES  
IS THE  
BEST  
OPTION.

WITHOUT  
STOPPING  
THE  
HEART...!

GOING A  
DIFFICULT  
OPERATION  
LIKE THAT.





ON TO  
EXCISION  
OF  
AFFLICTED  
TISSUE!

CARDIOLYSIS,  
COMPLETE.



FAST...!!





HE'D  
NEVER BE  
ABLE TO  
FINISH ALL  
THE PRO-  
CEDURES  
BEFORE THE  
PATIENT  
REACHES  
HIS LIMIT  
ON THE  
OPERATING  
TABLE.

BUT  
IF HE  
WEREN'T  
THIS FAST.



OPENING  
THE THORAX,  
ATTACHING THE  
HEART-BLIND  
MACHINE, AND  
CARDIOLYSIS  
TOOK ALL  
OF TEN  
MINUTES!!



HE'S FASTER  
THAN I  
EXPECTED..!!



THE SATOHA  
OPERATION  
HAS BEGUN!



IT'S  
FINALLY  
TIME FOR  
THE EX-  
CISION.



.....!?



MOVEMENT

ASAKA'S



STOPPED.





ONE  
MINUTE.





TWO  
MINUTES.



THREE  
MINUTES!



WHAT'S  
ASADA  
DOING?!



DOC  
KATOLI.

TRY  
FEELING  
THIS  
SPOT,



HERE.



C'MON!  
HURRY  
UP!

HUH?



YOU FEEL  
IT TOO,  
IJYUJIN.



WHAT  
DO YOU  
WANT  
TO  
SAY?



...WHAT'S  
THE DEAL  
WITH THIS  
SPOT...?



THAT'S  
WHERE  
THE  
AFFLICTED  
CARDIAC  
MUSCLE  
IS.



GOT  
IT?!

MAKE  
SURE YOU  
REMEMBER  
HOW THAT  
FELT, BOTH  
OF YOU.



PRO-  
CEEDING  
TO EXCISE  
AFFLICTED  
TISSUE!



THAT...

...!?  
...!

WAS  
AFFLICTED  
TISSUE?

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COUPERS!!



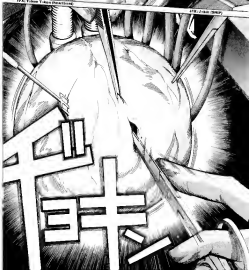
OK!!

ASSISTANT  
KATOU!  
SECURE THE  
VENTRICLE  
WITH THE  
RETRACTOR  
HOOK!

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1746 Volume 1 Chapter 10



1747 Volume 1 Chapter 10



KATOU!  
ASPIRATE  
THE  
BLOOD!



I.JYULINE!

OK!



AHH...



OK!

INFLATE  
THE  
VENTRICLE  
WITH  
THE CO2  
BLOWER!"



P. 8: JAMES (2007)

TK: Parsons (bleeding wound)





HERE TOO.



P.K. Nelson: Future (Revised)

P.K. Nelson: Future (Revised)

HE IS  
IDENTIFYING  
AFFLICTED  
REGIONS...



WITHOUT  
HESITATION,

WE WON'T  
KNOW HOW  
HE EXCISED  
AFFLICTED  
TISSUE  
WITHOUT  
REMOVING  
NORMAL  
CARDIAC  
TISSUE.



UNTIL WE  
DO THE  
ECHO-  
CARDIO-  
GRAM  
EXAMIN-  
ATION,



WHETHER  
THE  
TISSUE IS  
AFFLICTED,  
JUST BY  
USING HIS  
FINGER-  
TIPS?

IS ASADA  
REALLY  
CAPABLE  
OF DE-  
TECTING



TO BE  
HONEST,  
I CAN'T  
DETERMINE  
WHETHER  
A TISSUE IS  
AFFLICTED  
JUST BY  
FEELING  
IT.!!



...BUT THEN,  
HOW DID  
HE DO IT?

THAT'S  
TOO  
MUCH TO  
BELIEVE!!



SOMETHING  
OTHER THAN  
SENSE OF  
TOUCH HE'S  
USING TO  
DETECT  
AFFLICTED  
TISSUE...



?



THERE  
HAS  
TO BE  
SOME-  
THING...



...IT  
CAN'T  
BE.



THE  
HEART'S  
MOTION

KEEPING  
THE CARDIAC  
MUSCLE IN  
MOTION



THAT  
WAS WHY  
ASADA  
DIDN'T  
STOP THE  
HEART?!

HE'S USING  
THE MOTION  
OF THE  
HEART TO  
DETECT THE  
DIFFERENCE  
BETWEEN  
AFFLICTED  
AND NORMAL  
TISSUE?



AND  
ALSO USE  
HIS SIGHT  
TO MAKE  
THE DIAG-  
NOSIS?

SO THAT  
HE COULD  
FULLY  
USE HIS  
SENSE OF  
TOUCH.



IMPOSSIBLE!

...!!



POSSIBLE?

IS SUCH  
A THING...

REXOBEAR PRESENTS:

# Team Medical Dragon

Volume 04, Chapter 30

[WWW.REXOBEAR.COM](http://WWW.REXOBEAR.COM)

#REXOBEAR @ THE REXOBEAR.NET

Translated by runpsicat

Edited by j00s

Proofread by Nafiza

CHAPTER 31  
DYNAMIC  
VISUALIZATION





ASADA!

WHAT  
A  
GUY  
YOU  
ARE,



DIRECTLY  
OBSERVING AND  
TOUCHING A  
BEATING HEART  
FACILITATES  
DETERMINATION  
OF AFFLICTED  
TISSUE!!

INDEED.



HOWEVER...



THE MORE  
INFORMATION  
IS AVAILABLE,  
THE MORE  
ACCURATE THE  
DIAGNOSIS  
BECOMES

BEATING  
MUSCLE!



THAT'S  
ONLY IF  
YOU HAVE  
ABSOLUTE  
CONFIDENCE  
THAT YOU  
CAN suc-  
CESSFULLY  
CUT AND  
SUTURE





THEY  
WON'T  
UNDER-  
STAND  
WHAT'S  
HAPPENED  
BELOW  
THEM.

UNTIL  
THEY  
GET THE  
POST-  
OP  
REPORT.



HAVE  
NO IDEA  
WHAT'S  
HAPPEN-  
ING.

HA, THOSE  
0002000.



HOW  
MUCH  
A GIFT  
LIKE  
ABAOA  
IS  
WORTH

I'M NOT  
SO KIND  
THAT I'D  
ROTHER  
TELLING  
THEM.



GO  
WATCH  
LIVE  
BASE-  
BALL  
ON TV!



IF YOU WANT  
COMMENTARY.



THE CLINICAL ENGINEER  
ALSO SEEMS TO HAVE  
HIS HANDS FULL FROM  
ALL THE STRESS...!!



THE  
ANESTHETIST'S  
SKILLS ARE  
BEGINNING TO  
LAG BEHIND  
ASADA'S...!!



IT'D BE  
UNREALISTIC  
TO ASK  
THEM TO  
PERFORM  
AS USUAL!!



IT'S  
SUCH A  
HIGH-  
PROFILE  
SUR-  
GERY.

STILL...



GOT  
IT.



KATOU!!  
GO UP  
A BIT.



THE  
COLOR,  
SHEEN,  
AND  
INFLATION  
OF THE  
LINGS...

ONCE YOU  
OPEN THE  
THROAT,  
YOU SEE  
MANY OTHER  
ORGANS  
BEHIND  
THE HEART



HOW CAN  
ASADA ASSESS  
THE PATIENT'S  
CONDITION SO  
PRECISELY...?



THE TENSION OF  
THE ABDOMINAL  
WALL. I'M SURE  
HE'S MAKING  
INFERENCES  
FROM VARIOUS  
INFORMATION

EP. 84 (Continued)



COME  
OVER FOR A  
SEC.

ASADA!



HIS  
SENSES  
ARE SO  
ACUTE  
THAT  
THEY'RE A  
MYSTERY  
UNTO  
THEM-  
SELVES...



STILL,



THAT IS  
THE "RIGHT  
STUFF" BR  
PHYSICIANS  
SHOULD  
HAVE!!

TAKE  
A  
GOOD  
LOOK.



YES?

SP4: BUT NOT PHYSICIAN!!



BR: (SIGH) ...



OF BR  
PHYSI-  
CIANS...?

THE  
"RIGHT  
STUFF"...



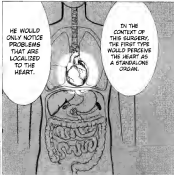
THE  
FIRST TYPE  
VISUALIZES  
ORGANS  
FROM AN  
ANATOMICAL  
STANDPOINT.



THERE  
ARE TWO  
TYPES OF  
SURGEONS  
IN THIS  
WORLD!



AND...



HE WOULD  
ONLY NOTICE  
PROBLEMS  
THAT ARE  
LOCALIZED  
TO THE  
HEART.

IN THE  
CONTEXT OF  
THIS SURGERY,  
THE FIRST TYPE  
WOULD PERCEIVE  
THE HEART AS  
A STANDALONE  
ORGAN.



HAS A  
DYNAMIC  
IMAGE  
OF THE  
ENTIRE  
BODY!

THE  
SECOND  
TYPE



A-AN  
ORGAN-  
ISM?



OF VARIOUS  
ORGANS THAT  
ARE INTER-  
CONNECTED AS  
ONE WHOLE  
ORGANISM.

THIS TYPE  
VISUALIZES  
THE HUMAN  
BODY AS  
A DYNAMIC  
SYSTEM



O-  
DYNAMIC?





HIS  
MIND...



HAS AN  
EXTREMELY  
REALISTIC...



100. Shounen Gekkan Shounen (Shounen)



AFTER  
HAVING CUT  
ALL SORTS  
OF ORGANS  
AND GAINED  
A WEALTH OF  
EXPERIENCE!



A HEART  
SPECIALIST  
LIKE KATORU  
CANNOT  
KNOW



IT IS A  
LEVEL ONE  
CAN ONLY  
ATTAIN







IT'S  
TRUE...



IT SEEMS HE IS  
INTENTIONALLY  
LEAVING THE  
CARDIAC APEX  
INTACT.

CUTTING  
THE CARDIAC  
APEX WILL  
SPLIT  
CARDIAC  
MUSCLE IN  
TWO AND  
RESULT IN  
THE LOSS  
OF OVERALL  
CONTRACTILE  
FORCE.

ACCORD-  
ING TO THE  
STUDY,



Cardiac Apex



THERE IS  
CURRENT  
RESEARCH  
INDICATING  
THAT  
CARDIAC  
MUSCLE  
FORMS A  
SINGLE  
BAND.

The cardiac apex  
is the starting  
point of the  
muscle band.



IF  
SO...

EVEN  
THOUGH  
IT'S  
CUTTING  
EDGE  
RESEARCH  
THAT  
HASN'T  
BEEN  
VERIFIED

SO HE'S  
ALREADY  
FIGURED IT  
OUT FROM  
CLINICAL  
EXPERIENCE.



HOWEVER,  
WHILE STUDIES  
ON ANIMAL  
MODELS HAVE  
FOCUSSED  
PRELIMINARY  
FINDINGS, THERE  
HAVE BEEN NO  
CORROBORAT-  
ING CLINICAL  
REPORTS



JUST HOW  
MUCH CLINICAL  
EXPERIENCE  
IS NEEDED IN  
ORDER TO BE  
SO CONFI-  
DENT..?





ASADA'S DYNAMIC VISUALIZATION ABILITY  
IS TRULY AWE-INSPIRING...!!





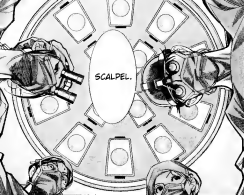
WE'VE BOTH  
UNSKILLED  
AND NEW —

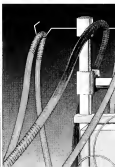
THOSE  
SHORT  
FIVE  
MIN-  
UTES...

MUST  
FEEL  
LIKE AN  
HOUR...

LET'S DO THE  
BEST WE CAN...









THE  
ARTERIAL  
BLOOD  
HAS  
GONE  
DARK!

DR.  
KATOU!



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IF  
CARDING  
ARREST  
HAP-  
PENS...



CYANOBISHI!



Go...



INTRA-  
OPERATIVE  
DEATH!

~The Illness of Japanese Medicine~

There are doctors who rejoice when their patients die sooner than expected since that would allow doctors more time to enjoy their private life.

REXORGEAR PRESENTS:

# Team Medical Dragon

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